

RECEIVED
CENTRAL FAX CENTER

001

AUG 17 2010

Via Facsimile 571-273-8300 Total pages 9
August 17, 2010

PATENT APPLICATION

FEE AUTHORIZATION / AMENDMENT TRANSMITTAL				Attorney's Docket No: 3432-US-NP		
Serial No. 10/646,308	Filing Date August 21, 2003	Examiner Jiang, Dong	Group Art Unit 1646			
In Re Application of Paul B.J. Burton and Theresa A. Deisher						
For COMPOSITIONS AND METHODS FOR TREATING CARDIOVASCULAR DISEASE						
TO THE COMMISSIONER FOR PATENTS:						
<input checked="" type="checkbox"/> Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a): <input type="checkbox"/> One month of original due date (\$130.00) <input type="checkbox"/> Two months of original due date (\$490.00) <input checked="" type="checkbox"/> Three months of original due date (\$1,110.00) <input type="checkbox"/> Four months of original due date (\$1,730.00) <input type="checkbox"/> Five months of original due date (\$2,350.00)						
<input checked="" type="checkbox"/> A response in connection with the matter for which this extension is requested: <input checked="" type="checkbox"/> is filed herewith. <input type="checkbox"/> has been filed. <input type="checkbox"/> The response is the filing of a continuing application, the prior application having an express abandonment conditioned on the granting of a filing date to the continuing application. <input type="checkbox"/> The accompanying papers include amended claims for which no additional fee is required. <input type="checkbox"/> The accompanying papers include amended claims the fee for which has been calculated as follows:						
CLAIMS AS AMENDED						
(1)	(2) Claims remaining After amendment	(3)	(4) Highest number Previously paid for	(5) No. of Extra claims present	(6) Rate	(7) Additional Fee
Total Claims	10	Minus	36 =	0	x \$52	= \$ 0.00
Indep. Claims	1	Minus	6 =	0	x \$220	= \$ 0.00
<input type="checkbox"/> First Appearance of a multiple dependent claim					+	\$390 = \$ 0.00
Total Additional Fee for this Amendment					\$ 0.00	
* If the entry in column 2 is less than the entry in column 4, write "0" in column 5. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior amendment or the number of claims originally filed.						
<input type="checkbox"/> The following other fees are incurred by the accompanying papers. <input type="checkbox"/> Other: _____ <input checked="" type="checkbox"/> Please charge Deposit Account No. 09-0089 in the name of Immunex Corporation in the amount of \$1,110.00. A duplicate copy is also enclosed. <input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a request therefore. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 09-0089.						
Please Send Future Correspondence To:						
22932			<i>Christine M. Bellas</i>			
Immunex Corporation			Christine M. Bellas			
Law Department			Attorney/Agent for Applicant(s)			
1201 Amgen Court West			Registration No.: 34,122			
Seattle, Washington 98119-3105			Phone: (206) 265-8294			
(206) 265-7000			Date: August 17, 2010			

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being transmitted to the United States Patent and Trademark Office via facsimile to facsimile number 571-273-8300 on the date indicated below, and is addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

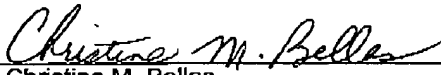
August 17, 2010

Kathleen F. Prydz
Kathleen F. Prydz

AUG 17 2010

Via Facsimile 571-273-8300 Total pages 9
August 17, 2010

PATENT APPLICATION

FEE AUTHORIZATION / AMENDMENT TRANSMITTAL				Attorney's Docket No: 3432-US-NP			
Serial No. 10/646,308		Filing Date August 21, 2003		Examiner Jiang, Dong		Group Art Unit 1646	
In Re Application of Paul B.J. Burton and Theresa A. Deisher							
For COMPOSITIONS AND METHODS FOR TREATING CARDIOVASCULAR DISEASE							
TO THE COMMISSIONER FOR PATENTS:							
<input checked="" type="checkbox"/> Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a): <ul style="list-style-type: none"> <input type="checkbox"/> One month of original due date (\$130.00) <input type="checkbox"/> Two months of original due date (\$490.00) <input checked="" type="checkbox"/> Three months of original due date (\$1,110.00) <input type="checkbox"/> Four months of original due date (\$1,730.00) <input type="checkbox"/> Five months of original due date (\$2,350.00) 							
<input checked="" type="checkbox"/> A response in connection with the matter for which this extension is requested: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> is filed herewith. <input type="checkbox"/> has been filed. <input type="checkbox"/> The response is the filing of a continuing application, the prior application having an express abandonment conditioned on the granting of a filing date to the continuing application. 							
<input type="checkbox"/> The accompanying papers include amended claims for which no additional fee is required. <input type="checkbox"/> The accompanying papers include amended claims the fee for which has been calculated as follows:							
CLAIMS AS AMENDED							
(1)	(2) Claims remaining After amendment	(3)	(4) Highest number Previously paid for	(5) No. of Extra claims present	(6) Rate	(7) Additional Fee	
Total Claims	10	Minus	36	= 0	x \$52	= \$ 0.00	
Indep. Claims	1	Minus	6	= 0	x \$220	= \$ 0.00	
<input type="checkbox"/> First Appearance of a multiple dependent claim					+ \$390	= \$ 0.00	
Total Additional Fee for this Amendment						\$ 0.00	
<p>* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.</p> <p>** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.</p> <p>*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.</p> <p>The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior amendment or the number of claims originally filed.</p> <p><input type="checkbox"/> The following other fees are incurred by the accompanying papers.</p> <p style="padding-left: 20px;"><input type="checkbox"/> Other: _____</p> <p><input checked="" type="checkbox"/> Please charge Deposit Account No. 09-0089 in the name of Immunex Corporation in the amount of \$1,110.00. A duplicate copy is also enclosed.</p> <p><input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a request therefore.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 09-0089.</p>							
<p><u>Please Send Future Correspondence To:</u></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>22932</p> <p>Immunex Corporation Law Department 1201 Amgen Court West Seattle, Washington 98119-3105 (206) 265-7000</p> </div> <div style="width: 45%; text-align: right;"> <p></p> <p>Christine M. Bellas Attorney/Agent for Applicant(s) Registration No.: 34,122 Phone: (206) 265-8294 Date: August 17, 2010</p> </div> </div>							

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being transmitted to the United States Patent and Trademark Office via facsimile to facsimile number 571-273-8300 on the date indicated below, and is addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

August 17, 2010
Date


Kathleen F. Priddy